## **Marathon City School District**

**Health Insurance Election Form** 

Effective Date: 07-01-2017

Waive Coverage	
(Please sign and de	te below)

Plan			\$1,500 / \$3,000  POS - Central  Deduction Per 26 Paychecks  \$14.69  \$33.46		
Premium Contribution @ 12%					
Single Family					
Plan Specifics					
Monthly Premium	Single	Family	Single	Family	
The proper parameters of the first of the parameters of the parame	\$739.99	\$1,685.99	\$771.81	\$1,758.49	
Deductible				25.5	
In-Network	\$1,500	\$3,000	\$1,500	\$3,000	
Out-of-Network	N/A	N/A	\$3,000	\$6,000	
HSA Contribution	Single	Family	Single	Family	
District HSA	\$0	\$0	\$0	\$0	
Coinsurance					
In-Network	100% after Deductible		100% a	100% after Deductible	
Out-of-Network		ved referral by SHP	1	80% after Deductible	
Out-of-Pocket	Single	Family	Single	CONTROL OF A CONTROL OF THE CONTROL	
Maximum					
In-Network	\$1,500	\$3,000	\$1,500	\$3,000	
Out-of-Network	N/A	N/A	\$6,000	\$12,000	
Office Visits					
In-Network	100% after Deductible		100% after Deductible		
Out-of-Network	Only with approved referral by SHP			80% after Deductible	
Routine/Preventive				ici, Deddeline	
Care					
In-Network	Select Services Covered in Full		Select Serv	Select Services Covered in Full	
Out-of-Network	N/A			80% after Deductible	
Urgent Care		<b>,</b> ,	30% a	itel Deddelible	
In-Network	100% after Poductible		100% after Deductible		
III-IVCEWOLK	100% after Deductible				
Emergency Room					
	100% after Deductible		100% a	100% after Deductible	
Hospital Services	10070 arte	Deductible	100% after Deductible		
In-Network	100% after Deductible 100% after Deductible		fran Danis, at 11		
Out-of-Network				100% after Deductible	
Prescription (Rx) Drugs	Only with approved referral by SHP  Tier I / Tier II / Tier III		80% after Deductible		
riescription (nx) Drugs	100% after Deductible		Tier I / Tier II / Tier III		
	100% afte	r Deductible	100% a	100% after Deductible	
	Security	lealth Plan	Securii	ty Health Plan	
Election		MO		POS	
N/V - Ela-Li / Ci I - D	Single		Single		
My Election (Check Box)	Family		Family		
	<b>,</b>	<u> </u>			
Print Employee Name					
Employee Signature	Date				